



Advocacy and Action
for Connecticut's
Mental Health

**Testimony of the Children's Committee of the Keep the Promise Coalition Before
the Education Committee
March 11, 2015**

IN SUPPORT OF

**SB 1053, AN ACT PROHIBITING OUT OF SCHOOL SUSPENSIONS AND
EXPULSIONS FOR STUDENTS IN PRESCHOOL AND GRADES KINDERGARTEN
TO TWO; and**

SB 1058, AN ACT CONCERNING CHRONIC ABSENTEEISM

Good afternoon Senator Stillman and Representative Fleischmann, and members of the Educations Committee, my name is Susan Kelley and I am the Child and Adolescent Public Policy Manager for the National Alliance on Mental Health of Connecticut (NAMI Connecticut), and staff to the Children's Committee of the Keep the Promise Coalition (KTP). NAMI CT is the fiduciary of KTP; KTP is the largest group of stakeholders with a united voice advocating for smart mental health policies in Connecticut. The KTP Children's Committee advocates for increased access to a continuum of quality, community based mental health services and supports for all children and their families in Connecticut. I am testifying on behalf of NAMI CT and KTP in support of SB 1053 and SB 1058.

We support SB 1053, which would prohibit schools from using exclusionary discipline for our youngest children, those who are under age seven.

We all want schools we can be proud of and that are supportive of all children, not just those who are excelling. To put our support into action, we must stop punishing and labeling children with behavioral challenges as "bad" and instead identifying their needs and helping them with supports and services. By doing away with exclusionary discipline for this young age group, we can keep children in the learning setting where they can progress in their education with appropriate supports in place.

Using exclusionary measures to punish our youngest children is untenable. *Data conclusively shows that these measures don't work and on top of this, they are used disproportionately against students of color.* Over the past three years in Connecticut, there has been a 22 percent

increase in expulsion/suspension of children under the age of seven,¹ and yet evidence shows these measures are ineffective and counterproductive.² *According to State Department of Education (SDE) statistics, Black and Hispanic males are 2-3 times more likely than their white counterparts to be suspended; and Black and Hispanic females are 4-6 times more likely to be suspended than their white peers.*³ *We can't countenance a system that treats our children of color more harshly than it treats White children.*

We are also very concerned that the rate of exclusionary discipline in charter schools is over triple that of the state average for public schools.⁴ *This data strongly suggests that SDE must provide greater oversight of disciplinary practices at charter schools.*

Moreover, we know that behavioral challenges are often the result of childhood trauma. Of the 20,000 children served in outpatient mental health clinics in the state, over half report a history of trauma.⁵ Major studies show that untreated childhood trauma can lead to a host of life long health, mental health, and social problems, including chronic depression, social isolation, and homelessness.⁶ We cannot expect our schools to be successfully educating their students without confronting the overwhelming impact of trauma on children.

Fortunately, Connecticut has made significant strides in building trauma-informed services and supports to address this serious concern. The Center for Effective Practice at the Child Health and Development Institute (CHDI) with support from the Department of Children and Families (DCF) and other partners, has been implementing strategies that include early screening and identifying children who have experienced childhood trauma and linking them to needed services in the community. SB 1053, with its prohibition against exclusionary punishment, is in step with trauma-informed means for addressing problem behaviors.

Turning to SB 1058, we support this bill which would require school districts to submit and track chronic absenteeism data; institute school attendance review teams to address chronic absenteeism of their students; and would require SDE to develop a chronic absenteeism prevention/intervention plan for use by all school districts.

School absenteeism and truancy is a serious problem. Chronic absenteeism rates reflect all absences, not just those that are excused or unexcused. Looking at all absences is important because regardless of why they are missing school, students don't learn when they are not in

¹ See, Suspensions and Expulsions in Connecticut, State Department of Education, March 3, 2015, p. 23, available at <https://s3.amazonaws.com/s3.documentcloud.org/documents/1681328/suspensions-and-expulsions-in-connecticut-2015.pdf>

² Brea L. Perry & Edward W. Morris, *Suspending Progress; Collateral Consequences of Exclusionary Punishment in Public Schools*, Vol. 79 No. 6 American Sociological Rev. 1067 (2014)

³ Id. at pg. 14

⁴ Suspensions and Expulsions in Connecticut, SDE, March 2015, p. 23 at <https://s3.amazonaws.com/s3.documentcloud.org/documents/1681328/suspensions-and-expulsions-in-connecticut-2015.pdf>

⁵ Child Health and Development Institute of Connecticut (CHDI), Issue Brief No. 27, *Building a Statewide Trauma Informed System of Care*, Dec. 25, 2013.

⁶ Center for Disease Control and Prevention, *Adverse Childhood Experiences Study (ACE)*

class. SB 1058 acknowledges this importance by requiring schools to keep and submit chronic absenteeism data.

Students who are chronically absent from school often have untreated mental health problems. 50 percent of children with a mental health diagnosis drop out of high school—the highest dropout rate of any disability group.⁷ Requiring SDE to develop a plan of intervention/prevention is critical because we know that students who don't receive early intervention for attendance problems are more likely to drop out of school, and become involved in the juvenile justice and/or adult justice system.

School based mental health services and School Based Health Centers (SBHC) can help improve access to mental health services for students and address attendance issues. According to a 2012 report issued by the General Assembly's Legislative Program and Review Investigations Committee entitled "*Adolescent Health Coordination and School Based Health Centers*," "[s]tudents enrolled in a school-based health center gained three times as much classroom time as students not enrolled, and [SBHC's] significantly reduced the number of early dismissals from school in comparison with students who received schools nursing services alone." While Connecticut has approximately 90 SBHCs, more are needed as there are over 1,179 public schools in the state.

In conclusion, KTP and NAMI CT are in favor of both SB 1053 and SB 1058.

Thank you very much for considering our testimony on these bills.

Respectfully submitted, Co-chairs of KTP's Children's Committee,

Abby Anderson
Executive Director
Connecticut Juvenile Justice Alliance

Ann Smith
Executive Director
African Caribbean American Parents
of Children with Disabilities, Inc.
(AFCAMP)

Susan Kelley
Child and Adolescent Policy Manager, NAMI CT
Staff to Keep the Promise Coalition

⁷ U.S. Department of Education. 28th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA). 2006. Retrieved from <http://www2.ed.gov/about/reports/annual/osep/2006/parts-b-c/28th-vol-1.pdf>

